

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/527894	Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/						51	
2							52	
3							53	
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47							97	
48							98	
49							99	
50							100	
Total Indep	3						Total Indep	
Total Depend	6						Total Depend	
Total Claims	9						Total Claims	

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